8563 DEA		PART B	- FEE(S) T	RANSMITTAL			
Complete and send t	5 8 W	•	ee(s), to: <u>Mai</u> or <u>Fa</u>	Commissioner P.O. Box 1450 Alexandria, Vi (571) 273-2885	rginia 22313-1450		
INSTRUCTIONS: This for appropriate the further indicated unless the ded maintenance fee notification	schould be used for transpersondence including the below or directed otherwisens.	nsmitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUI ders and notifica) specifying a no	BLICATION FEE (if re- ation of maintenance fees the correspondence addre	quired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
	CE ADDRESS (Note: Use Block 1 for 590 08/22/2005	r any change of address)		Fee(s) Transmittal. '	of mailing can only be used in This certificate cannot be used onal paper, such as an assignment ate of mailing or transmission.	for any other accompanying	
POLAROID CORPORATION PATENT DEPARTMENT 1265 MAIN STREET WALTHAM, MA 02451				I hereby certify that States Postal Service addressed to the M	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
10/21/2005 DEMMANU2 00000037 162195 10743351				Gaetano D	Gaetano D. Maccarone (Depositor's name)		
01 FC:1501 1400.00 DA				6-20	6-20 (Signature)		
02 FC:1504 300.	.00 DA .00 DA			October 1	8, 2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/743,351	12/22/2003	·	Michael N. Bu	ırdenko	8563-AFP/GDM	9325	
	HERMAL PRINTER APPA						
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO EXAMINER		\$1400		\$300 CLASS-SUBCLASS	\$1700	11/22/2005	
Change of correspondence	UAN HUU e address or indication of "F	2861 Fee Address" (37	r	347-171000 g on the patent front page	, list		
CFR 1.363). Change of corresponded Address form PTO/SB/1	dence address (or Change of 22) attached.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indic or more recent) attached. Us	ation form se of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	BE PRINTED ON T	THE PATENT (p	rint or type)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified b n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	on the patent. If an assifiling an assignment.	gnee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
POLAROID CO	ORPORATION		Waltham,	Massachusett	5		
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the pater	nt): 🔲 Individual 💥	Corporation or other private gr	roup entity Government	
4a. The following fee(s) are	enclosed:	41	. Payment of Fee	• •			
Issue Fee				he amount of the fee(s) is			
XKPublication Fee (No small entity discount permitted) XKAdvance Order - # of Copies 3 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2195 (enclose an extra copy of this form).							
AAdvance Order - # o	Copies		Deposit Accoun	it Number $16-219$	charge the required fee(s), or 5 (enclose an extra	copy of this form).	
	(from status indicated above MALL ENTITY status. See		D h Amplicant	is no longer eleiming SM	IALL ENTITY status. See 37 (SED 1 27(a)(2)	
			• • •		usly paid issue fee to the applic egistered attorney or agent; or	(U/ (/	
	oras of the United States Pat	ent and Trademark	Office.		October 18, 2005		
Authorized Signature Typed or printed name	Gaetano D. Mag	carone		Date Registrati	05 170	<u>, </u>	
<u> </u>	-		on is required to o		y the public which is to file (ar	nd by the LISPTO to process)	
The someonon of information	on is required by 37 CFR 1.2	zii. ine miomialic	m is required to 0	owni oi iciaili a delicill d	June paorie willen is to the (at	na by the obrito to process)	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.